


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000037624**

1. Limited Liability Company's Name
A. Mertz System LLC

200185461092
09/15/10--01024--012 **377.50
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 174 N. Atlantic Ave		3. Mailing Office Address 174 N Atlantic Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa Beach		City & State Cocoa Beach	
Zip 32931	Country Brevard	Zip 32931	Country Brevard

4. State/Country of Formation
Brevard

5. Date Organized or Qualified To Do Business in Florida
5-18-4

6. FEI Number
20-1190235

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

Applied For
 Not Applicable

8. Name and Address of Current Registered Agent

Name
Merton D. Kesselring

Street Address (P.O. Box Number is Not Acceptable)
174 N. Atlantic Ave

Suite, Apt. #, Etc.

City
Cocoa Beach

State
FL

Zip Code
32931

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent 

Date **9-12-10**

REGISTERED AGENT MUST SIGN

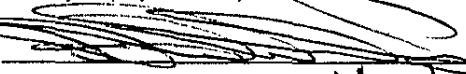
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Arendas, Gary M	174 N. Atlantic Ave	Cocoa Beach FL 32931
MGRM	Arendas, Edna Ann	174 N. Atlantic Ave	Cocoa Beach FL 32931
MGRM	Kesselring Merton D	174 N. Atlantic Ave	Cocoa Beach FL 32931

REINSTATEMENT 09/10
AL

11. E-mail Address: **Mertalizers@yahoo.com**
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager 

Date **9-12-10** Daytime Phone # **321 323 4710**

Typed or printed name of signing Managing Member/Manager **Merton D. Kesselring**